COLLECTION FACILITY NOTIFICATION FOR "RECYCLE-ONLY" HOUSEHOLD HAZARDOUS WASTE

(check all the apply)

INITIAL NOTIFICATION

REVISED NOTIFICATION. Place and asterisk in the

left margin next to the revised information

ONE TIME EVENT **CONTINUOUS OPERATIONS** 1. **FACILTIY INFORMATION** FACILITY NAME _____ A. B. C. CITY _____ STATE ___ ZIP CODE ____ COUNTY__ FACILITY EPA ID NUMBER: _____ D. 2. FACILITY OPERATION INFORMATION A. DATE(S) FACILITY WILL OPERATE or BEGIN OPERATIONS F B. CHECK DAY(S) OF OPERATION M Т W TH SAT SUN C. HOURS OF COLLECTION_ ADDITIONAL COLLECTION INFORMATION D. 3. CONTACT PERSON NAME _____ A. AGENCY B. PHONE NUMBER 4. WASTE COLLECTED (CHECK ALL WASTES ACCEPTED AT THIS FACILITY) Lead acid batteries Small household batteries Latex paint Used oil Used oil filters Antifreeze Intact spent Fluorescent lamps Intact spent High Intensity Lamps Universal Waste I certify that the household hazardous waste collection facility listed above will be operated in accordance with Health & Safety Code, Division 20, Article 10.8, Section 25218.8 and with any other requirements that may be imposed by the California Department of Toxic Substances Control by regulation. Sponsoring Public Agency Public Agency Address

Submit original notification to your Certified Unified Program Agency (CUPA)

Mail copy to DTSC:

Department of Toxic Substances Control, Regulatory and Program Development Division – HHW Unit, P.O. Box 806, 11th floor, Sacramento, California 95812-0806

Date

Print Name and Title